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CONFIRMATION NO. 5681

<b>SERIAL NUMBER</b> 09/354,870	<b>FILING OR 371(c) DATE</b> 07/16/1999 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3627	<b>ATTORNEY DOCKET NO.</b> BL01134-012
<b>APPLICANTS</b> ROBERT D. WILSON, SHAWNEE, KS; MARK A. ERNST, MISSION HILLS, KS;				
<b>** CONTINUING DATA *****</b> <i>non</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>non</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/11/1999</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials	<b>STATE OR COUNTRY</b> KS	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 20
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 8698				
<b>TITLE</b>				
<b>TAX REFUND SYSTEM</b>				
<b>FILING FEE RECEIVED</b> 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	